

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF DONALD L MASHIER JR	COURT CASE NUMBER 1:05-CV-1808
DEFENDANT U.S. Federal Bureau of Prisons	TYPE OF PROCESS

SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN JAMES SHERMAN, WARDEN
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) F.C.F. McKEAH, PO Box 5000 Braintree PA 16701

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW DONALD L MASHIER JR 19924-052 U.S.D Lewisburg PO Box 1000 Lewisburg PA 17837	Number of process to be served with this Form 285 1
	Number of parties to be served in this case 5
	Check for service on U.S.A. <input checked="" type="checkbox"/>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Signature of Attorney other Originator requesting service on behalf of: Donald L Mashier Jr	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 2/13/06
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <small>Sign only for USM 285 if more than one USM 285 is submitted.</small>	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No	No		

I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described in the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

Business complete and return signed (shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Date **5/9/06** Time ☐ am ☐ pm

Signature of U.S. Marshal or Deputy

Shirley B. [Signature]
(Print name of Return)

Fee Joe	Cost of service Joe	Administrative Fee	Time Charge	Administrative Charge	Total Charge 5-9-06 Cost 9842 8001 8908
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NOT RECORDED

2. Article Number



7160 3901 9842 8021 8908

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

1. Article Addressed to:

**JAMES SHERMAN, WARDEN
PCI MCKEAY
P.O. BOX 5000
BRADFORD, PA. 16701**

5-180606/C, 5/9/06, SRS

COMPLETE THIS SECTION ON DELIVERY

A. Received By (Please Print Clearly)

David

B. Date of Delivery

C. Signature

X

D. Is delivery address different from item 1? If YES, enter delivery address below.

☐ Agent ☐ Addressee

☐ Yes ☐ No

PS Form 3811, January 2003

Domestic Return Receipt